

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

Division of Inmate Services

GUEST VOLUNTEER INFORMATION

(Please Print in Ink)

Date Submitted

Institution

Date of Volunteer Activity

Type of Activity: ___Religious ___Life Skills ___Employment ___Substance ___Education ___Other

Name of Group

Name of Group Leader

Signature

Mailing Address for Group

(_____)_____-_____
Home Telephone

(_____)_____-_____
Work Telephone

SCDC Supervisor of the Activity

This is to certify that I can personally identify all persons within our group as persons whom I know are members of our group.

Guest Volunteer Agreement:

1. I will not carry anything in or out of the institution for any inmate.
2. I am not a family member or friend or on the visiting list of any inmate in this institution nor have I completed an application to visit any inmate in any capacity at this institution. (Exceptions must be approved by the Warden.)
3. I understand that if I am a former inmate, then I must receive written permission from the Warden(s) prior to providing volunteer services as a Guest Volunteer, as explained in South Carolina Department of Corrections (SCDC) Policy PS-10.04.
4. I understand that if I am an SCDC employee, former SCDC employee, or family member of an SCDC employee, then I must receive written permission from the affected Warden(s) prior to providing volunteer services as a Guest Volunteer, as explained in SCDC Policy PS-10.04.
5. I understand that SCDC strictly enforces a drugfree working environment and that I may be subject to reasonable suspicion and/or accident and unsafe practice drug testing. I further understand that if I should test positive for an illegal substance or I refuse to submit to such testing, then my volunteer service privileges with the SCDC will be revoked permanently.
6. I release the South Carolina Department of Corrections, its agents, and employees from any liability from my request to participate in this volunteer activity.
7. I understand that if I enter this institution without following the appropriate procedures, e.g., obtaining the written permission of the affected Warden, then this violation will result in my removal as a volunteer.
8. As a Guest Volunteer, I may learn personal and confidential information about inmates in SCDC. I agree that any such information will not be disclosed without the written consent of both the involved inmate and the affected staff member. I understand that a violation of this pledge will result in my removal as a volunteer.
9. The Prison Rape Elimination Act is a federal law that prohibits and seeks to eliminate sexual assaults and misconduct in correctional institutions. SCDC is committed to providing a safe and healthy environment for staff and offenders. Anyone that has a past or current sexual offense will not be allowed to volunteer with SCDC.
10. All volunteers and vendors must sign SCDC Form 19-95-B, "Consent/Refusal to be Searched," which would give consent for a pat/frisk search for the duration of the volunteer/vendor's service with SCDC.

